

## EPA KEY CONTACTS FORM

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

|                           |                                    |                          |                       |
|---------------------------|------------------------------------|--------------------------|-----------------------|
| <b>Name:</b>              | <b>Prefix:</b> Mr.                 | <b>First Name:</b> James | <b>Middle Name:</b> P |
|                           | <b>Last Name:</b> McGoff           |                          | <b>Suffix:</b>        |
| <b>Title:</b>             | Director of Environmental Programs |                          |                       |
| <b>Complete Address:</b>  |                                    |                          |                       |
| <b>Street1:</b>           | 100 N. Senate Ave Rm 1275          |                          |                       |
| <b>Street2:</b>           |                                    |                          |                       |
| <b>City:</b>              | Indianapolis                       | <b>State:</b>            | IN: Indiana           |
| <b>Zip / Postal Code:</b> | 46204-2273                         | <b>Country:</b>          | USA: UNITED STATES    |
| <b>Phone Number:</b>      | 317-233-4337                       | <b>Fax Number:</b>       |                       |
| <b>E-mail Address:</b>    | jmcgoff@ifa.in.gov                 |                          |                       |

**Payee:** *Individual authorized to accept payments.*

|                           |                           |                           |                       |
|---------------------------|---------------------------|---------------------------|-----------------------|
| <b>Name:</b>              | <b>Prefix:</b> Ms.        | <b>First Name:</b> Alison | <b>Middle Name:</b> R |
|                           | <b>Last Name:</b> Martin  |                           | <b>Suffix:</b>        |
| <b>Title:</b>             | Finance Manager           |                           |                       |
| <b>Complete Address:</b>  |                           |                           |                       |
| <b>Street1:</b>           | 100 N. Senate Ave Rm 1275 |                           |                       |
| <b>Street2:</b>           |                           |                           |                       |
| <b>City:</b>              | Indianapolis              | <b>State:</b>             | IN: Indiana           |
| <b>Zip / Postal Code:</b> | 46204-2273                | <b>Country:</b>           | USA: UNITED STATES    |
| <b>Phone Number:</b>      | 317-234-3080              | <b>Fax Number:</b>        |                       |
| <b>E-mail Address:</b>    | almartin@ifa.in.gov       |                           |                       |

**Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

|                           |                           |                           |                       |
|---------------------------|---------------------------|---------------------------|-----------------------|
| <b>Name:</b>              | <b>Prefix:</b> Ms.        | <b>First Name:</b> Alison | <b>Middle Name:</b> R |
|                           | <b>Last Name:</b> Martin  |                           | <b>Suffix:</b>        |
| <b>Title:</b>             | Finance Manager           |                           |                       |
| <b>Complete Address:</b>  |                           |                           |                       |
| <b>Street1:</b>           | 100 N. Senate Ave Rm 1275 |                           |                       |
| <b>Street2:</b>           |                           |                           |                       |
| <b>City:</b>              | Indianapolis              | <b>State:</b>             | IN: Indiana           |
| <b>Zip / Postal Code:</b> | 46207-2273                | <b>Country:</b>           | USA: UNITED STATES    |
| <b>Phone Number:</b>      | 317-234-3080              | <b>Fax Number:</b>        |                       |
| <b>E-mail Address:</b>    | almartin@ifa.in.gov       |                           |                       |

# EPA KEY CONTACTS FORM

**Project Manager:** *Individual responsible for the technical completion of the proposed work.*

**Name:** Prefix:  First Name:  Middle Name:   
Last Name:  Suffix:   
**Title:**

**Complete Address:**

Street1:   
Street2:   
City:  State:   
Zip / Postal Code:  Country:   
**Phone Number:**  **Fax Number:**   
**E-mail Address:**